

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 170-879)**

SERIAL NO.

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.	2					
TOTAL DEF.	10					
TOTAL	12					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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